UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,445	02/06/2004	Ravi Upasani	1483.0340003	5165
		02/06/2004 Ravi Upasani 03/24/2008 R, GOLDSTEIN & FOX P.L.L.C. AVENUE, N.W.	EXAMINER	
1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005			JAISLE, CECILIA M	
WASHINGTO	N, DC 20005		ART UNIT PAPER NUMBER	
			1624	
			MAIL DATE	DELIVERY MODE
			03/24/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summons	10/772,445	UPASANI ET AL.			
Interview Summary	Examiner	Art Unit			
	CECILIA M. JAISLE	1624			
All participants (applicant, applicant's representative, PTO	personnel):				
(1) <u>CECILIA M. JAISLE</u> .	(3)				
(2) YOLAND HARRIS, for JOHN COVERT, for Applicants.	(4)				
Date of Interview: <u>21 February 2008</u> .					
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2) <mark> applicant's representative</mark>	e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.				
Claim(s) discussed: <u>18-34</u> .					
Identification of prior art discussed: None.					
Agreement with respect to the claims f) was reached. ♀	ı)∏ was not reached. h)⊠ N	I/A.			
Substance of Interview including description of the general reached, or any other comments: <i>Ms. Harris called to inquibe issued. I informed her that it would be forthcoming.</i> (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	Inents which the examiner agony of the americal ments which the examiner agony of the amendments that w	its of this applica	tion would er the claims		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERLE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	ACTION MUST INCLUDE THE Last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO		
	/Cecilia M. Jaisle/ Examiner, Art Unit 1624 JOW				
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red			

Application No.

Applicant(s)